

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-870)							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
							CLAIMS					
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT							
	NO.	DEF.	NO.	DEF.	NO.	DEF.						
1							61					
2							62					
3							63					
4							64					
6							65					
6							66					
7							67					
8							68					
9							69					
10							60					
11							61					
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13							63					
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43							93					
44							94					
46							95					
46							96					
47							97					
48							98					
49							99					
60							100					
TOTAL NO.	3						TOTAL NO.					
TOTAL							TOTAL DEF.					